

Dr. Mattie M. Decker and Roger Bass ~ Nature and Forest Therapy Guides

~PARTICIPANT AGREEMENT, RELEASE & ASSUMPTION OF RISK~

Name of Participant: _____

Date of Program: _____ **Location of Program:** _____

In consideration of the services of Dr. Mattie M. Decker and Roger Bass, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge Dr. Mattie M. Decker and Roger Bass, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; equipment failure; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, Dr Mattie M. Decker's and Roger Bass have difficult jobs to perform. They see safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, incorrect information, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SY/CRP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Dr. Mattie M. Decker and Roger Basses equipment or facilities, including any such claims which allege negligent acts or omissions of Dr. Mattie M. Decker or Roger Bass.

4. Should Dr. Mattie M. Decker or Roger Bass, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

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6. In the event that I file a lawsuit against Dr. Mattie M. Decker or Roger Bass, I agree to do so solely in the jurisdiction of North Carolina, and I further agree that the substantive law of North Carolina shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Dr. Mattie M. Decker or Roger Bass on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Printed Name: _____ **Date:** _____

If Under 18, Signature of Parent or Legal Guardian: _____

Email: _____

Phone: _____

Address: _____
